

**PETITION FOR HARDSHIP EXEMPTION TO SCHOOL
CONDUCT AND ATTENDANCE REQUIREMENT**

INSTRUCTIONS:

COMPLETE SECTIONS I, II, III, AND IV.

COMPLETE SECTION V IN THE PRESENCE OF A NOTARY.

MAIL THE COMPLETED FORM TO: **Department of Motor Vehicle Safety**
 Attn: Hardship Exemption
 P.O. Box 80447
 Conyers, GA 30013-8047

Section I. Applying Driver's Information

Name _____

Address _____

City _____ State _____ Zip _____

License Number _____ Date of Birth _____

Section II. Reason for Suspension of Driver's License (check one):

- _____ Dropped out of school without graduating and has remained out of school for ten consecutive school days;
- _____ More than ten (10) school days of unexcused absences in any semester or combination of two (2) consecutive quarters;
- _____ Suspended from school for threatening, striking, or causing bodily harm to a teacher or other school personnel;
- _____ Suspended from school for possession or sale of drugs or alcohol on school property;
- _____ Suspended from school for possession or use of a weapon on school property;
- _____ Suspended from school for a sexual offense; or
- _____ Suspended from school for causing substantial physical or visible bodily harm to or seriously disfiguring another person, including another student.

Section III. Hardship Information

The enforcement of the provisions of O.C.G.A. §40-5-22(a.1) would result in one of the following (check any/all that apply):

- _____ Creates an undue hardship upon the minor;
 - _____ Creates an undue hardship upon the minor's family; or
 - _____ Acts as detriment to the health or welfare of the minor.
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Section IV. Nature of Hardship

_____ Driver's license needed for transportation to work, and applicant lives alone or others at residence not licensed;

_____ Driver's license needed for transportation to medical treatment for self or immediate family member who is not licensed or unable to drive due to illness (**please attach documentation from physician**);

_____ Other (please describe): _____

Section V. Notarized Signature(s)

Applicant's Signature

Date

Parent or Guardian's Signature
(not required if Applicant is an emancipated minor)

Date

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Signature _____ (Seal Required)

SEAL

Section VI. Commissioner's Decision

☐ APPROVED

☐ DENIED

Signature _____ Date _____
DMVS Commissioner or Designee

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Signature _____ (Seal Required)

SEAL

If your application is denied, and you believe that the decision was made in error, you may submit a request for an administrative hearing before the Office of State Administrative Hearings by submitting a written request to the DMVS Driver Services Division, P.O. Box 80447, Conyers, Georgia 30013-8047. Appellate procedures and rights in administrative hearings are governed by the Administrative Procedures Act, O.C.G.A. § 50-13-1, *et seq.*